STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	001128	A. BUILDING: _____ B. WING _____	C 09/30/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIENDS FELLOWSHIP COMMUNITY	2030 CHESTER BLVD RICHMOND, IN 47374

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00136845. Complaint IN00136845 -- Substantiated. No deficiencies cited Survey date: September 30, 2013 Facility number: 001128 Provider number: 001128 AIM number: N/A Survey team: Penny Marlatt, RN Census bed type: Residential: 126 NCC: 65 Total: 191 Census Payor type: Other: 191 Total: 191 Sample: 3 Friends Fellowship was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00136845. Quality review completed on October 7, 2013, by Janelyn Kulik, RN.	R 000		